PTO/SB/21 (12-07)

## DEC 13 2007

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MINE INC. I BUSINESS DEUKSINI 242 UI 1939. IIU DEIXONS				Application Number		ction of information unless it displays a valid OMB control 10/719,446						
TRANSMITTAL				Filing Date	11/21/20	11/21/2003						
FORM				First Named Inventor	Isaiah W	Isaiah Watas COX						
				Art Unit	3618	3618						
				Examiner Name	loho D V	John D. WALTERS						
(to be used for all correspondence after initial filing)				Attorney Docket Number								
Total Number of	Pages in	This Submission	6		12065.CI	P .	·					
ENCLOSURES (Check all that apply)												
<b>₽</b> F	Fee Transmittal Form  Fee Attached			Drawing(s) Licensing-related Papers		Appe of At	After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences					
Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53			Rema	Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Landscape Table on 0	on to Convert to a sional Application or of Attorney, Revocation age of Correspondence Address sinal Disclaimer sest for Refund			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter Other Enclosure(s) (please identify below):  Statement Under 37 CFR 3.73(b), PTO/SB/96 - 1 sheet				
		SIGNA	TURE	OF APPLICANT, ATT	ORNEY, C	R AGENT						
Firm Name												
Signature	nature /I.Cox/ Isalah Watas COX											
Printed name	Printed name Isalah Watas COX											
Date 12/13/2007					Reg. No.							
CERTIFICATE OF TRANSMISSION/MAILING												
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Signature Rut 25												
Typed or printed name Rober +				1ye Date 12/13				13/	12007)			

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PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032

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Effect Fees pursuant to the Consoli	tive on 12/08/20		4040)	Complete if Known							
				Application Num	nber 1	0/719,446					
FEE TR	<del></del>		<b>\L</b> [	Filing Date	1	1/21/2003	PEGEIVER				
Fo	or FY 20	908	- 1	First Named Inv	entor Is	Isaiah Watas COX_NTRAI FAX CE					
Applicant claims sma	Il antitu etatue	See 37 CER 1 2	<del>,</del> -[	Examiner Name	<b>)</b>	ohn D. WALTE					
	<del></del>	366 37 CFK 1.2		Art Unit	3	618	DEC 1 3 2007				
TOTAL AMOUNT OF PA	YMENT (\$)	65.00	<u></u> l	Attorney Docke	t No. 1	2065.CIP					
METHOD OF PAYME	NT (check all	that apply)									
Check Credit Card Money Order None Other (plcase identify):											
Deposit Account Deposit Account Number:Deposit Account Name:											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
		s) or underpayme	ents of fee	(s) Credi	t any ove	payments					
WARNING: Information on ti	FR 1.16 and 1.1 Its form may be	17 come public. Credi	it card infe		•	• •	Provide credit card				
information and authorization	n on PTO-2038.			<del></del>							
FEE CALCULATION											
1. BASIC FILING, SEA	RCH, AND E FILING F			CH FEES	EYAN	INATION FEES	,				
Application Type	S	mall Entity		<b>Small Entity</b>		Small Entity	1				
Utility	Fee (\$) 310	Fee (\$)	Fee (\$		Fee (		Fees Paid (\$)				
•		155	510	255	210	105					
Design	210	105	100	50	130	65	<del></del>				
Plant Reissue	210	105	310	155	160	80	100-100-100-100-100-100-100-100-100-100				
Provisional	310		510	255	620	310					
	210	105	0	0	0	0					
2. EXCESS CLAIM F Fee Description Each claim over 20	-	(aia)				Fee (\$)	Small Entity Fee (\$)				
Each independent of	laim over 3 (	ieissues) Including Reiss	ues)			50 210	25 105				
Multiple dependent	claims		uos,			370	185				
Total Claims	Extra Clain		Multiple	Dependent Claims							
HP = highest number of to		XX		<del></del>		Fee (\$)	Fee Paid (\$)				
Indep. Claims	Extra Clain			Paid (\$)			-				
- 3 or HP =		XX	_=								
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer											
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50											
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)											
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x											
4. OTHER FEE(S) Non-English Specification, S130 fee (no small entity discount)  Fees Paid (\$)											
Other (e.g., late fil	•				v disala!~	or (cmall antita)					
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SUBMITTED BY					-						

Registration No. Signature /I.Cox/ Isaiah Watas COX Telephone (503) 621-3286 (Attorney/Agent) Name (Print/Type) Isaiah Watas COX Date 12/13/2007

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